PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10681061

		CLAIMS AS	S FILED - PART I (Column 1) (olumn 2)		SMALL ENTITY TYPE		OR	OTHER SMALL		
TOTAL CLAIMS			6				-	RATE	FEE	1	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			6 mir	nus 20=	*			X\$ 9=		OR	X\$18=	-	
INDEPENDENT CLAIMS			<i>3</i> mi	nus 3 =	*			X43=		OR	X86=		
ML	ILTIPLE DEPEN	IDENT CLAIM P	RESENT					+145=		OR	+290=	,	
* If	the difference	in column 1 is	less than zero, enter "0" in colu			column 2	ı	TOTAL	385	OR	TOTAL		
CLAIMS AS AMENDED - PART II								OTHER THAN					
		(Column 1)		(Colun	nn 2)	(Column 3)	_	SMALL	ENTITY	OR	SMALL	ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIC PAID I	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***	CLAINA	=		X43=		OR	X86=		
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	+290=		
							L	TOTAL			TOTAL		
		A	ADDIT. FEE		J 🔾	ADDIT. FEE							
		(Column 1). I CLAIMS	[·	(Colun		(Column 3)	1 -						
AMENDMENT B		REMAINING AFTER AMENDMENT	·	NUME PREVIO PAID F	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Ind pendent	* NTATION OF MU	Minus	***	CLAIM	=	$\ \ $	X43=		OR	X86=		
	THOTFILOL	INTATION OF IME	LIFE DEF	ENDENT	CLAIN	·	ן ו	+145=		OR	+290=		
							L	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE		
(Column 1) (Column 2) (Column 3)													
AMENDMENT C	•	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=		X43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=					
* H	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+290= TOTAL		
**	f the "Highest Nur	nber Previously Pa mber Previously Pa	id For IN THIS	S SPACE is	less than	n 20, enter "20."	Al	TOTAL DDIT. FEE	'	OR ,	ADDIT. FEE		
		ber Previously Paid					r four	nd in the app	ropriate box	in col	umn 1.		